

BOARDING REQUIREMENTS

Please check each of the following to indicate that you have read, understand and agree

- Only dogs who are spayed or neutered may board at Juneau Animal Rescue.
- Dogs **MUST** be wearing a collar with their current CBJ Dog License displayed. If your dog is not wearing their current license, a replacement license fee of \$5.00 will be added to the boarding cost and will replace their other tag.
- Dogs must be up to date on all vaccinations including:
 - Rabies
 - Distemper/Parvo combination (aka DA2PP/DAPP/DHPP)
 - Bordetella (aka Kennel Cough)
- Dogs must have a *veterinary approved* flea medication applied, such as: Frontline, Advantage, Revolution, Ovitrol X-tend or other *veterinary approved* product. All Flea Medications are effective for 30 days.
- Fecal Exam with *negative* results (to check for various parasites) within the last 3 months OR be treated with a broad-spectrum dewormer *from their veterinarian* within the last 3 months.
- Dogs that have problems with kenneling and/or aggression *may not be allowed to board*
- Dogs needing any medical boarding requirement upon arrival will incur a \$50 Boarding Quarantine fee for quarantining the animal for 48 hours.

If you have any questions regarding the type of flea medication, or dewormer, please email our clinic staff at clinic@akjar.org

BOARDING FEES

- \$33.00 *per day, per dog- includes exercise/food/bedding/toys
- If your dog is scheduled to be in Doggy Day Care during the day, there will be an additional \$15.00 per day/ per dog fee for overnight boarding.
 - *Per Day means ANY amount of time on each given day of stay, including a partial day stay.*

CHECK-IN AND CHECK-OUT TIMES

- Monday through Saturday 9:30 am to 5:00 pm. We cannot accept boarders after 5:00pm.

FOOD

- All dogs are fed Hill's Science Diet in the recommended amounts unless other amount is specified by owner.
- We feed each dog twice a day, once in the morning, and once at night.
- Bring your own food if your dog is on a special diet. Please bring food as listed below:
 - Package your dog's meals in individual Ziploc bags.
 - Label each bag with your pet's first name and your last name "Fido Smith"
 - Label each bag "A.M." or "P.M.", even if your dog grazes/free feed

Please do not put medications, vitamins, or supplements in the bags. (See Medication below)

SPECIAL REQUIREMENTS OR ALLERGIES

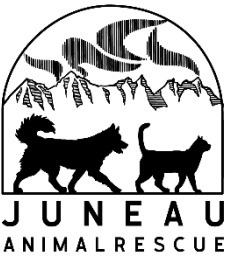
- If your dog has any special feeding requirements (elevated bowl, time of feeding, etc.) please be sure to provide detailed instructions on the boarding contract.
- Tell us about any food allergies. We love to give treats, but only if they won't upset dietary restrictions.
- Special diet treats can be brought in an individual Ziploc bag or plastic container labeled with your dog's first name and your last name "Fido Smith"

MEDICATION

- Medications must be in the original containers they were dispensed in from your veterinarian.
- You must provide us with a detailed Boarding Medication Form (provided in this packet)
- An extra charge of \$3.00 per day/ per dog will be added for dogs needing medications.
- Any prescription medication not in its original container will be charged a \$25 Clinic Administrative fee for the time spent by clinic staff to verify the prescription

EXIT BATH (currently unavailable)

- Schedule an Exit Bath before pick-up, and Fido will be squeaky clean for pick-up!
- The cost of an Exit Bath (bathed and towed dry) is \$24.00 (the cost of doing it yourself!)
- An Exit Bath consists of shampooing, rinsing, and towel dry.



	DAY OF WEEK	DATE	TIME	BY WHOM
DROP OFF				
PICK UP*				

JAR BOARDING CONTRACT

OWNER'S NAME:	
MAILING ADDRESS:	
RESIDENCE ADDRESS:	
OWNER'S CELL PHONE:	OTHER PHONE:
LOCAL EMERGENCY CONTACT:	PHONE:
VETERINARIAN'S NAME:	PHONE:

- Dog is wearing a collar/harness with the current year CBJ Dog License
 - Boarding: \$33/ calendar day/per dog
 - Medication Distribution \$3.00 per animal/per day that medication is distributed. (No injectable medications)
 - Enrolled in Doggy Day Care while boarding – must be a DDC client prior to boarding
 - Please list dates you are enrolled in Daycare: _____
 - I am providing my dog's food
- OR**
- JAR is providing my dog's food (*Hill's Science Diet Chicken & Barley Recipe Adult 1-6-year-old*)
 - My Dog has Allergies: *No added charge (Please Explain)*

Does your dog have any behaviors we need to be aware of? *No added charge (Please Explain)*

I hereby agree to pay all boarding charges in full before removing my animal from Juneau Animal Rescue (JAR).

We ask you don't bring blankets, bowls, toys or any other personal items for your dog as we cannot guarantee their return.

While every reasonable precaution will be taken to prevent accidents; fire, injury, escape, etc. animals placed at this kennel are at my, the owner (or caretaker's) risk.

Any animal left longer than five days (5) past the designated pick-up date, without proper notification, will be considered abandoned and become property of Juneau Animal Rescue. All charges and fees up to that time are still applicable.

I hereby agree to all the above conditions as owner of this animal.

Signature: _____ Date _____

Staff Initials: _____ Date _____

FOR STAFF USE

PET(S) NAME	BREED	COLOR	AGE/SEX	AID	CBJ LICENSE #	RABIES	DHPP	BORD	FLEA	FECAL
1.			/							
2.			/							
3.			/							

VETERINARY PERMISSIONS

(Authorization for both is required)

- I give my permission for the Juneau Animal Rescue Veterinarian to treat my dog in the case of an emergency. If the JAR Veterinarian is not available or determines the injuries are too extensive to be treated at the shelter, I give my permission for JAR to transport my dog to my personal Veterinarian. Veterinary expenses may apply and will be the responsibility of the owner.
- I give my permission for _____ *(your veterinarian)* to treat my dog if transported for care by JAR. JAR will not be responsible for any Veterinary charges or fees.

PERMISSIONS

As owner of this animal, I give the following people permission to do the following while boarding: Walk my dog: JAR Staff Friend/Family

Full Name(s): _____

Pick up my dog on the last day of boarding Full Name: _____

(A picture ID is required for friends/family to walk or pick up)

OTHER INFORMATION ABOUT MY DOG

My dog eats _____ times per day. My dog eats _____ cups of food at each meal.

If eating your own food, please list the BRAND NAME of your dog's food. _____

My dog loves _____

(Favorite games, favorite toy types, ear scratches, etc.)

By signing below, I hereby agree to all of the above stated conditions as owner/caretaker of this animal.

Printed Name _____

Signature _____ Date _____

Staff _____ Date _____

I'm Boarding at Juneau Animal Rescue

Date In: _____ Date Out: _____ Exit Time: _____

Pet's Name: _____ AID# (office use only) _____

Breed: _____ Color: _____ Sex: _____ Age: _____

Special Diet: _____ Brand of Food: _____ Medication: _____

Exit Bath/Groom/Nail Trim: *Not currently available* DDC Dates: _____

My dog eats _____ times per day. My dog eats _____ cups of food at each meal.

Notes: _____

Owner's Name & Number: _____

Local Emergency Contact Name & Number: _____

FOR STAFF USE

ANIMAL'S NAME:																					
DATES -	SUNDAY			MONDAY			TUESDAY			WEDNESDAY			THURSDAY			FRIDAY			SATURDAY		
BEHAVIOR	AM	12	PM	AM	12	PM	AM	12	PM	AM	12	PM	AM	12	PM	AM	12	PM	AM	12	PM
NORMAL	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ
LISTLESS	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ
QUIET	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ
SCARED/SHY	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ
NOISY	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ
EATING	AM	12	PM	AM	12	PM	AM	12	PM	AM	12	PM	AM	12	PM	AM	12	PM	AM	12	PM
NORMAL	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ
NIBBLING	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ
NOT EATING	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ
URINE	AM	12	PM	AM	12	PM	AM	12	PM	AM	12	PM	AM	12	PM	AM	12	PM	AM	12	PM
NORMAL	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ
EXCESSIVE	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ
STRONG ODOR	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ
BLOODY	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ
NONE	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ
STOOLS	AM	12	PM	AM	12	PM	AM	12	PM	AM	12	PM	AM	12	PM	AM	12	PM	AM	12	PM
NORMAL	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ
LOOSE	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ
DIARRHEA	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ
BLOODY	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ
NONE	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ
VOMITING	AM	12	PM	AM	12	PM	AM	12	PM	AM	12	PM	AM	12	PM	AM	12	PM	AM	12	PM
VOMITING	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ
COUGHING	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ
SNEEZING	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ	Δ

MEDICAITON SCHEDULE

Animal Name: _____ Owner's Name: _____

Breed: _____ Color: _____ AID: _____

Boarding Dates: _____ - _____ Month: _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date							
AM							
NOON							
PM							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date							
AM							
NOON							
PM							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date							
AM							
NOON							
PM							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date							
AM							
NOON							
PM							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date							
AM							
NOON							
PM							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date							
AM							
NOON							
PM							

ALL MEDICATIONS MUST BE BROUGHT IN THE ORIGINAL CONTAINERS THEY WERE DISPENSED IN FROM YOUR VETERINARIAN

MEDICATION "A": _____ AMOUNT: _____ FREQUENCY: _____

REASON FOR MEDICATION "A": _____

MEDICATION "B": _____ AMOUNT: _____ FREQUENCY: _____

REASON FOR MEDICATION "B": _____

MEDICATION "C": _____ AMOUNT: _____ FREQUENCY: _____

REASON FOR MEDICATION "C": _____

Questions or concerns regarding dispensing of medication while your pet is staying with us? Please call us at 907-789-0260 Oand discuss with our clinic staff prior to boarding.